pe. Do not complete by hand.

ERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting)

I. EPA I.D. NUMBER

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

Ohio EPA does not provide labels. Enter this information in items I, III, V and VI.

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.?** (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.?** (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (*other than those described in A or B above*) which will result in a **discharge** to **waters of the U.S.?** (FORM 2D)		X	
E. Is this a facility which does not discharge process **wastewater?** (FORM 2E)	X		X	F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)		X	
G. Do you generate sewage **sludge** that is ultimately regulated by Part 503? Do you generate **sewage sludge** that is sent to another **facility** for treatment or blending? Do you process or derive material from **sewage sludge** that is disposed in a manner subject to Part 503? (FORM 2S)							

III. NAME OF FACILITY

Ohio Valley Coal Company - Powhatan Mine #6

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, title)*	B. PHONE *(area code & no.)*
Bartsch, David, Environmental Coordinator & Permit Administrator	(740) 926 - 1351

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 56854 Pleasant Ridge Road

B. CITY OR TOWN	C. STATE	D. ZIP CODE
Alledonia	OH	43902

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 56854 Pleasant Ridge Road

B. COUNTY NAME: Belmont

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
Alledonia	OH	43902	

RECEIVED

JAN 11 2011

Ohio Environmental Protection Agency
Southeast District

Click to clear all entered information (on both pages of this form) CLEAR

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
	(specify) 1222		(specify)
C. THIRD		**D. FOURTH**	
	(specify)		(specify)

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
David Bartsch	☒ Yes ☐ No

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)			D. PHONE (area code & no.)
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	(specify) P	(740) 926 - 1351

E. STREET OR P.O. BOX

56854 Pleasant Ridge Road

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Alledonia	OH	43902	Is this facility located on Indian lands? ☐ Yes ☒ No

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to surface water)	D. PSD (Air emissions from proposed sources)	
OIL00046		
B. UIC (Underground injection of fluids)	**E. OTHER (specify)**	
		(specify)
C. RCRA (Hazardous waste)	**F. OTHER (specify)**	
		(specify)

XI. MAP

Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Removal of raw coal from an underground mine and grading of raw coal to finished size for transport to coal fired power plant.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am famimliar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I belive that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Paul B. Piccolini, Vice Pres.	Paul B Piccolini	1/5/11

COMMENTS FOR OFFICIAL USE ONLY

United States
Environmental Protection
Agency

Office of Water
Enforcement and Permits
Washington, DC 20460

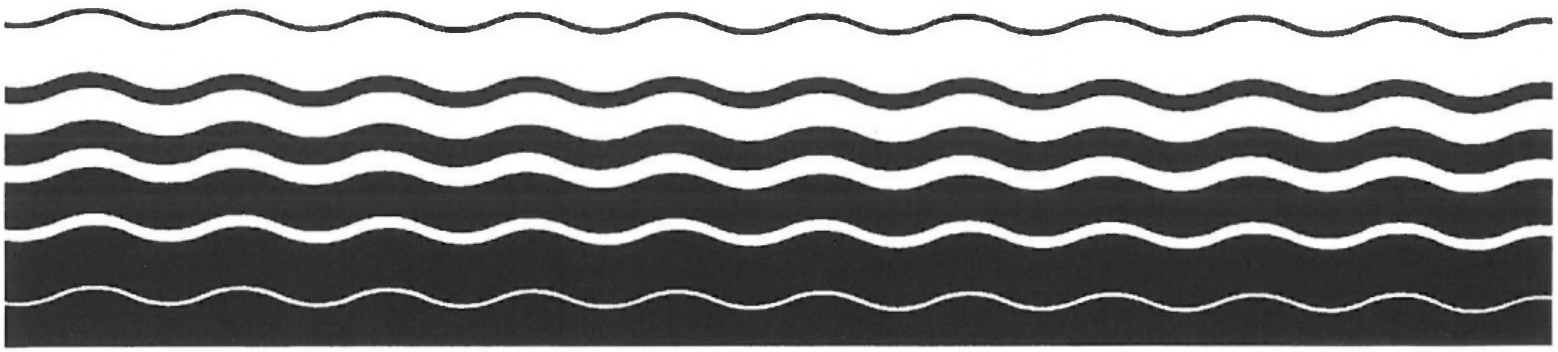
EPA Form 3510-2E
Revised August 1990

Permits Division

EPA

Application Form 2E —

Facilities Which Do Not Discharge Process Wastewater



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Form 2E Instructions

Who Must File Form 2E

EPA Form 3510-2E must be completed in conjunction with EPA Form 3510-1 (Form 1). This short form may be used only by operators of facilities which discharge only nonprocess wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater) which is not regulated by effluent limitations guidelines or new source performance standards. The form is intended primarily for use by dischargers (new or existing) of sanitary wastes and noncontact cooling water. It may not be used for discharges of stormwater runoff or by educational, medical, or commercial chemical laboratories or by publicly owned treatment works (POTW's).

Where to File Applications

The application forms should be sent to the EPA Regional Office which covers the State in which the facility is located. Form 2E (the short form) must be used only when applying for permits in States where the NPDES permits program is administered by EPA. For facilities located in States which are approved to administer the NPDES permits program, the State environmental agency should be contacted for proper permit application forms and instructions. Information on whether a particular program is administered by EPA or by a State agency can be obtained from your EPA Regional Office. Form 1, Table 1 of the "General Instructions" lists the addresses of EPA Regional Offices and the States within the jurisdiction of each Office.

Public Availability of Submitted Information

You may not claim as confidential any information required by this form or Form1, whether the information is reported on the forms or in an attachment. Section 402(j) of the CWA requires that all permit applications shall be available to the public. This information will therefore be made public upon request.

You may claim as confidential any information you submit to EPA which goes beyond that required by this form or Form 1. However, confidentiality claims for effluent data must be denied. If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations in 40 CFR Part 2.

Completeness

Your application will not be considered complete unless you answer every question on this form and Form 1 (except as instructed below). If an item does not apply to you, enter "NA" (for "not applicable") to show that you considered the question.

Followup Requirements for New Dischargers and New Sources

Please note that no later than 2 years after commencement of discharge from the proposed facility, you must complete and submit Item IV of this form (NPDES Form 2E). At that time you must test and report actual rather than estimated data for the pollutants or parameters in Item IV, unless waived by the permitting authority.

Definitions

Significant terms used in these instructions and in the form are defined in the Glossary found in the General Instructions accompanying Form 1.

Item I

Under Part A, list an outfall number. Under Part B, list the latitude and longitude to the nearest 15 seconds for this outfall. Under Part C, list the name of the outfall's receiving water. When there is more than one outfall, you must submit a separate Form 2E (Items I, III, and IV only) for each outfall.

Item II (New Dischargers Only)

This item requires your best estimate of the date on which your facility will begin to discharge.

Item III

In Part A, indicate the general type(s) of wastes to be discharged by placing an "x" in the appropriate box(es). If "other nonprocess wastewater" is marked, it should be identified. If cooling water additives are to be used, they must be listed by name under Part B.

In addition, the composition of the cooling water additives should be listed if this information is available. The composition of cooling water additives may be found on product labels or from manufacturer's data sheets.

Item IV — Reporting

All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

Concentration		Mass	
ppm	parts per million	lbs	pounds
mg/1	milligrams per liter	ton	tons (English tons)
ppb	parts per billion	mg	milligrams
Ug/1	micrograms per liter	g	grams
kg	kilograms	T	Tonnes (metric tons)

A. Existing Sources

You are required to provide at least one analysis for each pollutant or parameter listed by filling in the requested information under the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Most facilities routinely monitor these pollutants or parameters as part of existing permit requirements.

The pollutants or parameters listed are: average flow, biochemical oxygen demand (BOD), total suspended solids (TSS), fecal coliform (if believed present or if sanitary waste is discharged), pH, total residual chlorine (if chlorine is used), temperature (winter and summer), oil and grease, chemical oxygen demand (COD), total organic carbon (TOC) (COD and TOC are only required if noncontact cooling water is discharged), and ammonia (as N). The analysis of these pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, temperature, residual chlorine, oil and grease, and fecal coliform. For all other pollutants, 24-hour composite samples must be used. Any further questions on sampling or analysis should be directed to your EPA or State permitting authority. The authority may request that you do additional testing, if appropriate, on a case-by-case basis under Section 308 of the Clean Water Act (CWA).

If you expect a pollutant to be present solely as a result of its presence in you intake water, state this information on Item VII of the form.

B. New dischargers

Your are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on the form). Please note that followup testing and reporting are required no later than 2 years after the facility starts to discharge. Sampling and analysis are not required at this time. If, however, data from such analyses are available, then such data should be reported. The source of the estimates is also required. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals, and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available inhouse or contractor's engineering reports or any other studies performed on the proposed facility. If you expect a pollutant or parameter to be present solely as a result of its presence in your intake water, state this information on Item VII of the form.

In providing the estimates, use the codes in the following table to indicate the source of such information.

Engineering Study	Code
Actual data from pilot plants	1
Estimates from other engineering studies	2
Data from other similar plants	3
Best professional estimates	4
Others	specify on the form

C. Testing Waivers

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to the permitting authority a written request specifying which pollutants or parameters should be waived and the reasons for requesting a waiver. This request should be submitted to the permitting authority before or with the permit application. The permitting authority may waive the requirements for information about any pollutant or parameter if he determines that less stringent reporting requirements are adequate to support issuance of the permit. No extensive documentation of the request will normally be needed, but the applicant should contact the permitting authority if her or she wishes to receive instructions on what his or her particular request should contain.

Item V

Describe the average frequency of flow and duration of any intermittent or seasonal discharge (except for stormwater runoff, leaks, or spills). The frequency of flow means the number of days or months per year there is intermittent discharge. Duration means the number of days or hours per discharge. For new dischargers, base your answers on your best estimate.

Item VI

Describe briefly any treatment system(s) used (or to be used for new dischargers), indicating whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Also give the particular type(s) of process(es) used (or to be used). For example, if a physical treatment system is used (or will be used), specify the processes applied, such as grit removal, ammonia stripping, dialysis, etc.

Item VII

This item is intended for you to provide any additional information (such as sampling results) that you feel should be considered by the reviewer in establishing permit limitations. Any response here is optional. If you wish to demonstrate your eligibility for a "net" effluent limitation, i.e., an effluent limitation adjusted to provide credit for the pollutant(s) present in your intake water, please add a short statement of why you believe you are eligible (see §122.45(g)). You will then be contacted by the permitting authority for further instructions.

Item VIII

The Clean Water Act provides severe penalties for submitting false information on this application form. Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than $10,000 or by imprisonment for not more than six months or both."

40 CFR Part 122.22 requires the certification to be signed as follows:

a. For a corporation: by a responsible corporate officer. A responsible corporate officer means (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25,000,000 (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate pocedures.

b. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

c. For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
1	39	54	36	80	59	04	Pond #5

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

07/01/2011

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☑ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	*(or)* (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)		15 mg/L		10 mg/L		3
Total Suspended Solids (TSS)		18 mg/L		12 mg/L		3
Fecal Coliform *(if believed present or if sanitary waste is discharged)*		2,000		1,000		3
Total Residual Chlorine *(if chlorine is used)*		0.019				
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*		3 mg/L		2 mg/L		3
Discharge Flow	Value 2,100 gpd		2,100 gpd			4
pH *(give range)*	Value 9		6.5			3
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

Sanitary waste will pass into a septic tank followed by a lift station, flow equalization tank, aeration tank, and clarifier. A dosing station after the clarifier will pump the effluent onto one of two effluent sand filters. Filter effluent will be chlorinated and dechlorinated prior to an effluent pump station pumping the effluent to Pond #5 onsite. Overflow from Pond #5 will flow by gravity to Pond #10. Overflow from Pond #10 will be pumped up to the slurry impoundment. There will be no direct discharge of this plant's effluent to a receiving stream.

This plant will replace a lift station that currently pumps the sewage flows up to the existing package treatment plant that serves the office building.

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
Paul B. Piccolini, Vice President	740.926.1357
C. Signature	**D. Date Signed**
Paul B Piccolini	1/5/11

Please type. Do not complete by hand.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

LABEL ITEMS

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SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
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Alledonia	OH	43902	

CONTINUE ON REVERSE

Click to clear all entered information (on both pages of this form) CLEAR

CONTINUED FROM THE FRONT

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A. FIRST		B. SECOND	
(specify)	1222	(specify)	
C. THIRD		**D. FOURTH**	
(specify)		(specify)	

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A. NAME	B. Is the name listed in Item VIII-A also the owner?
David Bartsch	☒ Yes ☐ No

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Paul B. Piciolini - Vice Pres.	Paul B. Piciolini	1/5/11

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Environmental Protection
Agency

Office of Water
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Washington, DC 20460

EPA Form 3510-2E
Revised August 1990

Permits Division

EPA

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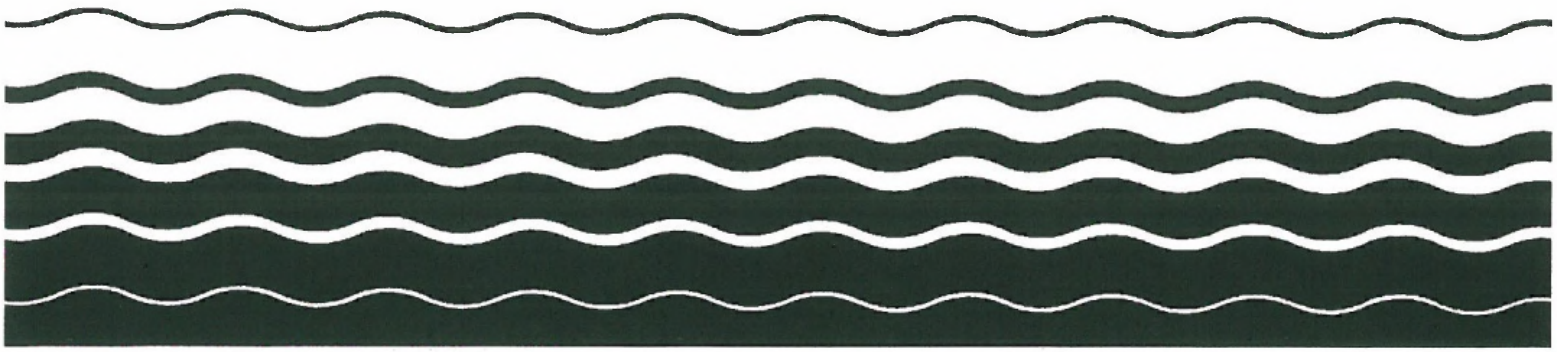

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Public Availability of Submitted Information

You may not claim as confidential any information required by this form or Form1, whether the information is reported on the forms or in an attachment. Section 402(j) of the CWA requires that all permit applications shall be available to the public. This information will therefore be made public upon request.

You may claim as confidential any information you submit to EPA which goes beyond that required by this form or Form 1. However, confidentiality claims for effluent data must be denied. If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations in 40 CFR Part 2.

Completeness

Your application will not be considered complete unless you answer every question on this form and Form 1 (except as instructed below). If an item does not apply to you, enter "NA" (for "not applicable") to show that you considered the question.

Followup Requirements for New Dischargers and New Sources

Please note that no later than 2 years after commencement of discharge from the proposed facility, you must complete and submit Item IV of this form (NPDES Form 2E). At that time you must test and report actual rather than estimated data for the pollutants or parameters in Item IV, unless waived by the permitting authority.

Definitions

Significant terms used in these instructions and in the form are defined in the Glossary found in the General Instructions accompanying Form 1.

Item I

Under Part A, list an outfall number. Under Part B, list the latitude and longitude to the nearest 15 seconds for this outfall. Under Part C, list the name of the outfall's receiving water. When there is more than one outfall, you must submit a separate Form 2E (Items I, III, and IV only) for each outfall.

Item II (New Dischargers Only)

This item requires your best estimate of the date on which your facility will begin to discharge.

Item III

In Part A, indicate the general type(s) of wastes to be discharged by placing an "x" in the appropriate box(es). If "other nonprocess wastewater" is marked, it should be identified. If cooling water additives are to be used, they must be listed by name under Part B.

In addition, the composition of the cooling water additives should be listed if this information is available. The composition of cooling water additives may be found on product labels or from manufacturer's data sheets.

Item IV — Reporting

All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

Concentration		Mass	
ppm	parts per million	lbs	pounds
mg/1	milligrams per liter	ton	tons (English tons)
ppb	parts per billion	mg	milligrams
Ug/1	micrograms per liter	g	grams
kg	kilograms	T	Tonnes (metric tons)

A. Existing Sources

You are required to provide at least one analysis for each pollutant or parameter listed by filling in the requested information under the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Most facilities routinely monitor these pollutants or parameters as part of existing permit requirements.

The pollutants or parameters listed are: average flow, biochemical oxygen demand (BOD), total suspended solids (TSS), fecal coliform (if believed present or if sanitary waste is discharged), pH, total residual chlorine (if chlorine is used), temperature (winter and summer), oil and grease, chemical oxygen demand (COD), total organic carbon (TOC) (COD and TOC are only required if noncontact cooling water is discharged), and ammonia (as N). The analysis of these pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, temperature, residual chlorine, oil and grease, and fecal coliform. For all other pollutants, 24-hour composite samples must be used. Any further questions on sampling or analysis should be directed to your EPA or State permitting authority. The authority may request that you do additional testing, if appropriate, on a case-by-case basis under Section 308 of the Clean Water Act (CWA).

If you expect a pollutant to be present solely as a result of its presence in you intake water, state this information on Item VII of the form.

B. New dischargers

Your are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on the form). Please note that followup testing and reporting are required no later than 2 years after the facility starts to discharge. Sampling and analysis are not required at this time. If, however, data from such analyses are available, then such data should be reported. The source of the estimates is also required. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals, and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available inhouse or contractor's engineering reports or any other studies performed on the proposed facility. If you expect a pollutant or parameter to be present solely as a result of its presence in your intake water, state this information on Item VII of the form.

In providing the estimates, use the codes in the following table to indicate the source of such information.

Engineering Study	Code
Actual data from pilot plants	1
Estimates from other engineering studies	2
Data from other similar plants	3
Best professional estimates	4
Others	specify on the form

C. Testing Waivers

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to the permitting authority a written request specifying which pollutants or parameters should be waived and the reasons for requesting a waiver. This request should be submitted to the permitting authority before or with the permit application. The permitting authority may waive the requirements for information about any pollutant or parameter if he determines that less stringent reporting requirements are adequate to support issuance of the permit. No extensive documentation of the request will normally be needed, but the applicant should contact the permitting authority if her or she wishes to receive instructions on what his or her particular request should contain.

Item V

Describe the average frequency of flow and duration of any intermittent or seasonal discharge (except for stormwater runoff, leaks, or spills). The frequency of flow means the number of days or months per year there is intermittent discharge. Duration means the number of days or hours per discharge. For new dischargers, base your answers on your best estimate.

Item VI

Describe briefly any treatment system(s) used (or to be used for new dischargers), indicating whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Also give the particular type(s) of process(es) used (or to be used). For example, if a physical treatment system is used (or will be used), specify the processes applied, such as grit removal, ammonia stripping, dialysis, etc.

Item VII

This item is intended for you to provide any additional information (such as sampling results) that you feel should be considered by the reviewer in establishing permit limitations. Any response here is optional. If you wish to demonstrate your eligibility for a "net" effluent limitation, i.e., an effluent limitation adjusted to provide credit for the pollutant(s) present in your intake water, please add a short statement of why you believe you are eligible (see §122.45(g)). You will then be contacted by the permitting authority for further instructions.

Item VIII

The Clean Water Act provides severe penalties for submitting false information on this application form. Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than $10,000 or by imprisonment for not more than six months or both."

40 CFR Part 122.22 requires the certification to be signed as follows:

a. For a corporation: by a responsible corporate officer. A responsible corporate officer means (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25,000,000 (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate pocedures.

b. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

c. For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
1	39	54	36	80	59	04	Pond #5

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

07/01/2011

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☑ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		*(3)* Number of Measurements Taken *(last year)*	*(or)* *(4)* Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)		15 mg/L		10 mg/L		3
Total Suspended Solids (TSS)		18 mg/L		12 mg/L		3
Fecal Coliform *(if believed present or if sanitary waste is discharged)*		2,000		1,000		3
Total Residual Chlorine *(if chlorine is used)*		0.019				
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*		3 mg/L		2 mg/L		3
Discharge Flow	Value 2,100 gpd		2,100 gpd			4
pH *(give range)*	Value 9		6.5			3
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.	☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

Sanitary waste will pass into a septic tank followed by a lift station, flow equalization tank, aeration tank, and clarifier. A dosing station after the clarifier will pump the effluent onto one of two effluent sand filters. Filter effluent will be chlorinated and dechlorinated prior to an effluent pump station pumping the effluent to Pond #5 onsite. Overflow from Pond #5 will flow by gravity to Pond #10. Overflow from Pond #10 will be pumped up to the slurry impoundment. There will be no direct discharge of this plant's effluent to a receiving stream.

This plant will replace a lift station that currently pumps the sewage flows up to the existing package treatment plant that serves the office building.

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
Paul B. Piccalini, Vice President	740.926.1351
C. Signature	D. Date Signed
Paul B. Piccalini	1/5/11

The Ohio Valley Coal Company
Powhatan Mine #6
Wastewater Treatment System – Preparation Plant Bathhouse
Engineering Summary
January 4, 2011

Presently, the bathhouse wastewater is pumped to the main package treatment plant located further into the property at the main office. The company desires to eliminate the lift station and pressure sewer that convey this wastewater because the area that the pressure sewer presently is routed through will be modified to not accomodate a pipeline. Therefore, the wastewater must be treated at the location where it is generated in a new package treatment plant. The effluent from the new plant will be pumped over to Pond #5 which will overflow into Pond #10. The only outlet from Pond #10 is a pumped discharge up to the main coal slurry impoundment.

It is desired to maintain a package treatment plant similar to the plant located at the main office on this property for efficient operations with the present contract operator. The new plant is being engineered and will be installed under a design/build contract. The plant has already been purchased from United Precast and engineering drawings have been provided to the consultant for incorporation into the Permit to Install application.

The plant is sized on the basis of 60 personnel working in three shifts per day or 20 personnel maximum per shift. The total average daily flow is calculated assuming everyone uses the showers at 35 gpcd for a total flow of 2,100 gpd. A manufacturer's standard size 2,500 gpd plant is used for this application.

The peak daily flow is calculated based on the actual number of personnel taking a shower per shift versus OEPA's peak flow criteria of 3.33 x (24/runoff period). The peak daily flow is calculated as: 20 personnel x shower flow of 2.5 gpm/shower results in a maximum theoretical peak flow of 50 gpm if everyone took a shower at one time.

The waste strength is determined assuming normal strength sewage at 200 mg/L CBOD5 with a total loading based on the average daily flow of 2,100 gpd.

The process flow scheme will be an extended aeration package treatment plant. The flow scheme is as follows:

- All sanitary waste (toilet and shower) will be routed through an approximate 451 gallon trash tank for pretreatment.

- An influent duplex lift station will lift the peak influent flows into a flow equalization tank. Four floats are provided in the station to allow pump shut off, lead pump on, lag pump on, and high level alarm. The station control panel will be located next to the station. Both an audible and light alarm will be provided to notify the Owner that high level has been reached indicating that one or more pumps have failed. There is a valve vault on the discharge line with separate check and isolation valves.

- The flow equalization tank will equalize flow by pumping an adjustable amount of flow into a single aeration tank. Four floats are provided in the station to allow pump shut off, lead pump on, lag pump on, and high level alarm. The station control panel will be located next to the station. Both an audible and light alarm will be provided to notify the

Owner that high level has been reached indicating that one or more pumps have failed. Each pump discharges separately into a weir box. A single blower will aerate the flow equalization tank. A duplex blower arrangement will provide aeration for the aeration tank. The flow EQ and aeration are combined into a single tank.

- Following the aeration tank, a clarifier, dosing lift station, and waste sludge holding tank will be provided. Two submersible sewage pumps rated will be set into the dosing station. The dosing pump size is determined based on filling a sand filter 3" deep in about 6 minutes. Four floats are provided in the station to allow pump shut off, lead pump on, lag pump on, and high level alarm. The station control panel will be located next to the station. Both an audible and light alarm will be provided to notify the Owner that high level has been reached indicating that one or more pumps have failed. Both pumps have an inline check valve on the pump's discharge riser pipe. Both pump lines have two 1/8" holes drilled in them for drainage after each pump dose to prevent freezing of the discharge line during the winter. The discharge line empties into a head box on the effluent sand filters.

- Two intermittent surface sand filters are provided with one filter being dosed at a time. The bed area is sized at 12 gpm/sf. Each bed is about 105 sf at 10.3 ft by 10.3 ft. The effective filtration rate through the beds is: 2,100 gpd/210 sf = 10 gpd/sf.

- Sand filter effluent is routed to a standard size chlorine contact tank. Chlorine will be added through a tablet chlorinator rated for the plant size of 2,500 gpd. Sodium sulfite will be added for dechlorination through a tablet dechlorinator set at the outlet end of the contact tank with detention time provided in the last cell of the tank. Effluent from the chlorine contact tank will flow into an effluent lift station.

- An effluent duplex lift station will collect the plant effluent and convey it to Pond #5. Four floats are provided in the station to allow pump shut off, lead pump on, lag pump on, and high level alarm. The station control panel will be located next to the station. Both an audible and light alarm will be provided to notify the Owner that high level has been reached indicating that one or more pumps have failed. Both pumps have an inline check valve on the pump's discharge riser pipe. A pressure sewer discharge line will route the flow to Pond #5. A main isolation valve is provided on the discharge line.

Report on the Permit to Install Application
and Detailed Plans for the New WWTP
Serving The Ohio Valley Coal Company
Washington Township, Belmont County
PTI No. 800957
January 27, 2011

On January 11, 2011, an application for Permit to Installwas received in the Southeast District Office. The submittal included four sets of detailed drawings, application for permit to install, data sheets and specifications, and fees. The plans were received fromVaughn, Coast & Vaughn.

Consultant/Representative of Owner:

Vaughn, Coast & Vaughn
Jeff Vaughn, P.E.
154 S. Marietta St.
St. Clairsville, Ohio 43950

Owner:

The Ohio Valley Coal Company
David L. Bartsch, Environmental Coordinator
56854 Pleasant Ridge Road
Alledonia, Ohio 43902

Location Description:

56854 Pleasant Ridge Road, Washington Twp., Belmont County

General/Background Information:

The new wastewater treatment plant will be constructed to receive sanitary wastewater generated at the preparation plant bath house. The new plant will consist of a trash trap, flow equalization/aeration tank, clarifier, dose tank, sand filters, chlorine disinfection tablet feeder, de-chlorination tablet feeder and a pump station. The pump station will deliver effluent to existing pond #5.

Building Sewer:

The existing building sewer will be utilized.

Design Criteria:

Design BOD Loading	2.5 Lbs. BOD_5/day
Basis for Design BOD Loading	200 mg/l
Design Flow (ADDF)	2,100 gpd
Basis for Design Flow	60 employees @ 35 gpd per employee

Runoff Period	3 hrs.
Peak Inf. Flow Rate	16,800 gpd 12 gpm
Equalized Flow Rate	2100 gpd 1.5 gpm

Trash Trap:

Effective Tank Capacity	451 gal.
Outlet T Length	44 % of Liquid Depth
Access Risers?	Yes

Influent Pump Station Design:

Name of Pump Station	Influent PS
Type of Pump Station	Precast wet well / Submersible pump
Electrical Enclosure	Nema 4X
Rails with Lift Chains Provided?	Y
Number of Pumps	2
Type of Pumps	Submersible
Horizontal Check Valve on each Pump Outlet?	Y
Capable of Passing 3" Dia. Spheres	N
Pump Rate (gpm) of Each Pump	46 gpm @ 10 TDH
Average Daily Design Flow (MGD)	0.0021
Peak Design Flow (MGD)	0.0168
Wet Well Effective Capacity (Gallons)	94
Detention Time (min.)	58
Automatic Pump Alternator?	Y
Alarm Provided?	Y
Type of Alarm?	Audio/Visual
Alarm Activates When Lag Pump is Used?	Y
Provisions for Stand-by Power or emergency pumping?	Y, portable pump
Ventilation Provided?	Y
Gasketed Flexible Watertight Connections Specified for All Piping?	Y
Pump Lifting Hoist Provided?	Y
Description of Security	locks
Flow Measurement Provided?	Y
Type of Flow Measurement	Elapsed time
Explosion Proof Pumps Required?	No
Distance to Nearest Dwelling	100 ft.
Flood Protection Issues?	N

Equalization Basin:

Effective Capacity	1,207 gal.
Overflow to Aeration?	Yes

Pumps:	
Number	2
Type	Submersible
Make	Power-Flo
Model	PFS421
Rating (hp)	4/10
Rating, ea.	90 gpm @ 13 ft. TDH
Alternating?	Yes
Pump Controls:	
Type	Float
Off Elev.	16 in. from bottom
Lead On Elev.	28 in. from bottom
Lag On Elev.	40 in. from bottom
Alarm:	
Type	Audio/Visual
Alarm On Elev.	40 in. from bottom
Aeration:	
Independent Supply?	Yes
Blowers:	
Number	1
Type	Unknown
Make	Unknown
Model	Unknown
Rating, ea.	40 cfm
Air supplied	19 cfm/1000 gal
Sloped Floor(?)	Yes
Flow Control to Aeration Basin:	Float control for pumps/Emergency overflow
Description	

Extended Aeration Plant

Aeration Basin:	Pre-cast
Manufacturer	Unknown
Model Number	Unknown
Aeration Volume	3,182 gal.
Number of Basins	1
Detention Time @ ADDF	36.5 hrs
Blowers:	
Number	2
Type	Unknown
Make	Unknown
Model	Unknown
Rating, ea.	86 cfm
Air supplied	41 cfm/1000 gal
Clarifiers:	
Number/Type	1/Hopper

Tank Volume, ea.	1,218 gal.
Detention Time @ ADDF	14 hrs.
Proper Baffling?	Yes
Surface Settling Rate:	
@ DAF	58 gal/day/ft^2
@ Peak Flow Rate	466 gal/day/ft^2
@ Peak Eq. Flow	58 gal/day/ft^2
Weir Overflow Rate:	
@ DAF	350 gal/day/lf
@ Peak Flow Rate	2,800 gal/day/lf
@ Peak Eq. Flow	350 gal/day/lf
Adjustable Weir?	Yes
Coned Hopper?	Yes
Sludge Return Type	Air Lift
Pipe Dia.	2 in.
Skimming Device	Yes
Discharge Location	Aeration tank

Sludge Handling:

Type	Pre-Cast
Tank Capacity	1,000
Supernatant Control	Decant to aeration tank
Adjustable?	Yes
Number of Sludge Drying Beds:	0
Total Area	N/A

Dosing Tank:

Tank Capacity	123 gal.
Pumps:	
Number	2
Type	Submersible
Make	Power-Flo
Model	PF33
Rating (hp):	1/3
Rating, ea.	36 gpm @ 15 ft. TDH
Alternating?	Yes
Pump Controls:	
Type	Floats
Off Elev.	91.17 in. from bottom
Lead On Elev.	92.17 in. from bottom
Lag On Elev.	93.17 in. from bottom
Alarm:	
Type	Audio/Visual
Alarm On Elev.	93.17 in. from bottom

Three inch dose in 10.min.?	Yes

Slow Sand Filters:

Number	2
Total Area	210 sq. ft.
Distribution Adequate?	Yes
Splash Pads?	Yes
Sand Depth	18 in.
Sand Specifications:	
Unif. Coef	< 3
Eff. Size	.40 mm
Clean/Washed?	Yes
Source of Sand Specified? Where?	No
Wall Construction	Pre-cast
Underdrain Pipe Spec.	4" SDR

Chlorine Contact Tank:

Tank Volume	488 gal.
Detention Time:	
@ Peak Flow Rate	11.7 gpd 32 minutes
@ ADDF	1.5 gpm 248 minutes
Chlorination Equipment:	
Type	Tablet Feed
Manufacturer	Unknown
Model No.	Unknown
Dechlorination Equipment:	
Type	Tablet Feed
Manufacturer	Unknown
Model No.	Unknown

Effluent Pump Station Design:

Name of Pump Station	Effluent PS
Type of Pump Station	Precast wet well / Submersible pump
Electrical Enclosure	Nema 4X
Rails with Lift Chains Provided?	Y
Number of Pumps	2
Type of Pumps	Submersible
Horizontal Check Valve on each Pump Outlet?	Y
Capable of Passing 3" Dia. Spheres	N
Pump Rate (gpm) of Each Pump	36 gpm @ 15 TDH
Average Daily Design Flow (MGD)	0.0021
Peak Design Flow (MGD)	0.0168
Wet Well Effective Capacity (Gallons)	94

Detention Time (min.)	58
Automatic Pump Alternator?	Y
Alarm Provided?	Y
Type of Alarm?	Audio/Visual
Alarm Activates When Lag Pump is Used?	Y
Provisions for Stand-by Power or emergency pumping?	Y, portable pump
Ventilation Provided?	Y
Gasketed Flexible Watertight Connections Specified for All Piping?	Y
Pump Lifting Hoist Provided?	Y
Description of Security	locks
Flow Measurement Provided?	Y
Type of Flow Measurement	Elapsed time
Explosion Proof Pumps Required?	No
Distance to Nearest Dwelling	150 ft.
Flood Protection Issues?	N

Flow Measurement:

Type: Elapsed Time Meters
Location: Influent & Effluent Pump Stations

Discharge Stream:

Pond #5

NPDES Permit:

This discharge is already covered by a NPDES permit.

Estimated Cost: $70,000

Conclusion:

The detailed plans for the new wastewater treatment systemserving The Ohio Valley Coal Company have been reviewed, appear to be satisfactory and are recommended for approval.

Jack Knapp
District Representative
SEDO, Division of Surface Water

Bruce E. Goff, P.E.
Reviewer
SEDO, Division of Surface Water

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Ohio Environmental Protection Agency
Application for Modification of Ohio NPDES Permit

For Agency Use	Application Number
	Date Received
	Year Month Day

1. Number of permit for which modification is being requested OIL00046

2. Name of organization responsible for facility The Ohio Valley Coal Company

3. Address, location, and telephone number of facility producing discharge:

   A. Name The Ohio Valley Coal Company Powhatan Mine No. 6

   B. Mailing Address:

      1. Street Address 56854 Pleasant Ridge Road

      2. City Alledonia

      3. State Ohio 4. Zip Code 43902

   C. Location:

      1. Street 56854 Pleasant Ridge Road

      2. City Alledonia 3. County Belmont

   D. Telephone No. 740 (Area Code) 926-1351

4. Describe in detail the provision(s) of the permit the applicant wishes to modify.

   We wish to add two outfalls to our approved NPDES Permit

5. Describe in detail the reason a modification is desired. (See Rule 3745-33-06 of the Ohio Administrative Code [formerly OEPA Regulation EP-31-06] for grounds for modificatior

   The Portal facility (where the workers go underground) has been moved 5 miles north of the original Portal facility. Sanitary and shower facilities are required at the new Portal.

6. Name of receiving water or waters Anderson Run and Captina Creek

7. Describe requested modification in sufficient detail to allow Ohio Environmental Protection Agency personnel to process your request. If a Permit to Install is required under Chapter 3745-31 of the Ohio Administrative Code (formerly Ohio EPA Regulation EP-30) attach a completed application for a Permit to Install and make no other entries in this section. If a Permit to Install is not required and additional space is needed provide the additional information on 8-1/2 by 11 bond paper and mark "Item 7, Continued" in the upper left hand corner of each extra sheet.

Permit to install already completed and approved.

[This application must be signed by the person who applied for the original permit or some other person eligible under Rule 3745-33-03(D) of the Ohio Administrative Code (formerly OEPA Regulation EP-31-03(D)].

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate.

John R. Forrelli
Printed Name of Person Signing

President and General Manager
Title

August 4, 2000
Date Application Signed


ORIG SIGNATURE

Signature of Applicant

Mail or take this form to the Ohio EPA District Office to which you send monitoring reports.

OEPA-NPDES-18

State of Ohio Environmental Protection Agency

DIVISION OF SURFACE WATER

Antidegradation Addendum

In accordance with Ohio Administrative Code 3745-1-05 (Antidegradation), additional information may be required to complete your application for a permit to install or NPDES permit. For any application that may result in an increase in the level of pollutants being discharged (NPDES and/or PTI)or for which there might be activity taking place within a stream bed, the processing of the permit(s) may be required to go through procedures as outlined in the antidegradation rule. The rule outlines procedures for public notification and participation as well as procedures pertaining to the levels of review necessary. The levels of review necessary depend on the degradation being considered/requested. The rule also outlines exclusions from portions of the application and review requirements and waivers that the Director may grant as specified in Section 3745-1-05(D) of the rule. Please complete the following questions. The answers provided will allow the Ohio EPA to determine if additional information is needed. **All projects that require both an NPDES and PTI should submit both applications simultaneously to avoid going through the antidegradation process separately for each permit**.

A. **Applicant:** The Ohio Valley Coal Company Powhatan Mine No. 6

Facility Owner: The Ohio Valley Coal Company

Facility Location (city and county): Alledonia, Belmont

Application or Plans Prepared By: _____

Project Name: _____

NPDES Permit Number (if applicable): _____

B. **Antidegradation Applicability**

Is the application for? (check as many as apply):

_____ Application with no direct surface water discharge (Projects that do not meet the applicability section of 3745-1-05(B)1, i.e., on-site disposal, extensions of sanitary sewers, spray irrigation, indirect discharger to POTW, etc.). (Complete Section E)

_____ Renewal NPDES application or PTI application with no requested increase in loading of currently permitted pollutants. (Complete Section E, Do not complete Sections C or D).

X PTI and NPDES application for a new wastewater treatment works that will discharge to a surface water. (Complete Sections C and E)

_____ An expansion/modification of an existing wastewater treatment works discharging to a surface water that will result in any of the following (PTI and NPDES):(Complete Section C and E)

- addition of any pollutant not currently in the discharge, or
- an increase in mass or concentration of any pollutant currently in the discharge, or
- an increase in any current pollutant limitation in terms of mass or concentration.

X PTI that involves placement of fill or installation of any portion of a sewerage system (i.e., sanitary sewers, pump stations, WWTP, etc.)within 150 feet of a stream bed. Please provide information requested on the stream evaluation addendum (i.e., number of stream crossings, fill placement, etc.) and complete section E.

____ Initial NPDES permit for an existing treatment works with a wastewater discharge prior to October 1, 1996. (Complete Sections D and E)

____ Renewal NPDES permit or modification to an effective NPDES permit that will result in any of the following:(Complete Section C and E)

- a new permit limitation for a pollutant that previously had no limitation, or
- an increase in any mass or concentration limitation of any pollutant that currently has a limitation.

C. Antidegradation Information

1. Does the PTI and/or NPDES permit application meet an exclusion as outlined by OAC 3745-1-05(D)(1) of the Antidegradation rule?

____ Yes (Complete Question C.2)

X No (Complete Questions C.3 and C.4)

2. For projects that would be eligible for exclusions provide the following information:

a. Provide justification for the exclusion.

b. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.

c. A description of any construction work, fill or other structures to occur or be placed in or near a stream bed.

3. Are you requesting a waiver as outlined by OAC 3745-1-05(D)(2-7) of the Antidegradation rule?

____ No

X Yes

If you wish to pursue one of the waivers, please identify the waiver and submit the necessary information to support the request. Depending on the waiver requested, the information required under question C.4 may be required to complete the application.

4. For all projects that do **not** qualify for an exclusion a report must accompany this application evaluating the preferred design alternative, non-degradation alternatives, minimal degradation alternatives, and mitigative techniques/measures for the design and operation of the activity. The information outlined below should be addressed in this report. If a waiver is requested, this section is still required.

a. Describe the availability, cost effectiveness and technical feasibility of connecting to existing central or regional sewage collection and treatment facilities, including long range plans for sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.

b. List and describe all government and/or privately sponsored conservation projects that may have been or will be specifically targeted to improve water quality or enhance recreational opportunities on the effected water resource.

c. Provide a brief description below of all treatment/disposal alternatives evaluated for this application and there respective operational and maintenance needs. (If additional space is needed please attach additional sheets to the end of this addendum).

Preferred design alternative: Establishment of new sewage treatment plant at the new location

Non-degradation alternative'(s): Move all personell back to No. 1 Portal

Minimal degradation alternative'(s): Not shower at new Portal, but have only sanitary facilities at new Portal

Mitigative technique/measure'(s): irrigation or land application

At a minimum, the following information must be included in the report for each alternative evaluated.

d. Outline of the treatment/disposal system evaluated, including the costs associated with the equipment, installation, and continued operation and maintenance.

e. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.

f. Describe the reliability of the treatment/disposal system, including but not limited to the possibility of recurring operation and maintenance difficulties that would lead to increased degradation.

g. Describe any impacts to human health and the overall quality and value of the water resource.

h. Describe and provide an estimate of the important social and economic benefits to be realized through this proposed project. Include the number and types of jobs created and tax revenues generated.

i. Describe environmental benefits to be realized through this proposed project.

j. Describe and provide an estimate of the social and economic benefits that may be lost as a result of this project. Include the impacts on commercial and recreational use of the water resource.

k. Describe the environmental benefits lost as a result of this project. Include the impact on the aquatic life, wildlife, threatened or endangered species.

l. A description of any construction work, fill or other structures to occur or be placed in or near a stream bed.

m. Provide any other information that may be useful in evaluating this application.

D. Discharge Information

1. For treatment/disposal systems constructed pursuant to a previously issued Ohio EPA PTI, provide the following information:

PTI Number	06_3833
PTI Issuance Date	11/10/93
Initial Date of Discharge	11/19/93

2. Has the appropriate NPDES permit application form been submitted including representative effluent data?

X Yes (go to E)

____ No (see below)

If no, submit the information as applicable under **a OR b** as follows:

a. For entities discharging process wastewater attach a completed 2C form.

b. For entities discharging wastewater of domestic origin attach the results of at least one chemical analysis of the wastestream for all pollutants for which authorization to discharge is being requested and a measurement of the daily volume (gallons per day) of wastewaters being discharged.

E. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete.

This section must be signed by the same responsible person who signed the accompanying permit application or certification as per 40 CFR 122.22.

Signatur _____ ORIG SIGNATURE

Date August 4, 2000

C.

4.

a. Currently, no central or regional treatment facilities exist in this area.

b. There are no government or privately sponsored conservation projects that will be targeted to improve water quality or enhance recreational opportunities on the affected water resource. The water resource (Anderson Run) is an undeveloped area with little man-made impacts.

c. **Preferred Alternative**: The preferred design alternative is to install a 10,000 gal/day sewage treatment plant. The initial cost of the plant is $80,000 plus $25,000 for installation. The supply costs consist of $900/yr for chlorine and bio-neutralizer.

Non-Degradation Alternative: The non-degradation design alternative is to have all personnel enter the No. 1 portal rather than the No. 2 portal. This option would cause an additional 45 minutes per day for travel time, requiring each underground hourly worker to stay at the face for that additional time, and would warrant paying the employees time-and-a-half labor rate for this extra time. At an average cost of $25.50/hour (for overtime) multiplied by each hourly person working underground (253 persons) multiplied by 365 days a year for ten years (the estimated life of the portal).

Minimal Degradation Alternative: The minimal degradation alternative is to pay the employees to shower at home and have only sanitary facilities at the new portal. This would cost $12.75/person multiplied by the 253 employees/day multiplied by 365 days a year for ten years (the estimated life of the portal). The sanitary system would cost $25,000 to purchase, and $15,000 to install, with an estimated $90 annual supplies. The cost for maintenance for both the preferred alternative and the minimal degradation alternative may be considered to be equal.

Mitigative techniques: One option is to perform land application of the waste. This option is not feasible because Ohio Valley Coal Company would have to hire a truck driver, purchase a truck, and there are no fields to transport the waste to. Another option is irrigation. The topography of the area is not conducive to irrigation, and there is nothing to irrigate. There are no mitigative techniques applicable for this project.

d. Cost Analysis of Alternatives Based on a Ten Year Period

	Preferred	Non-degradation	Minimal degradation
Option	Install new sewage treatment facility	Move all personnel back to No. 1 portal	Only have sanitary facilities at new portal, not for showers
Present worth*	$111,522.30	$11,850,518.00	$8,573,260.60
Savings of		**$11,738,996.00**	**$8,461,738.30**

* These figures have been calculated using an assumed 8% interest rate

f. The treatment system is very reliable. Occasionally, a pump or blower will need replacing, but daily inspections prevent any degradation from occurring

g. Anderson Run is a good quality tributary that is not being used for human consumption. The effluent of the plant is also of good quality and will not affect the recreational activities occurring downstream.

h. The Ohio Valley Coal Company provides 426 jobs to people (311 hourly, and 115 salary). OVCC paid $12,386,106 in taxes in 1999. The types and corresponding amount of taxes paid by OVCC are:

Type of tax	**Amount paid (in dollars)**
Federal Black Lung Excise Tax	$3,635,349
Federal Reclamation fees	$623,919
Ohio Severance Tax	$394,230
State and Local (Real Estate Taxes)	$723,988
FICA-Employer	$1,875,461
Unemployment Insurance Tax	$56,396
Income Taxes	$5,058,763

i. There are no environmental benefits to be realized through this project.

j. No social or economic benefits will be lost as a result of this project.

k. There will be no adverse impact on the aquatic life, wildlife, or threatened or endangered species.

l. A 10,000 gallon per day sewage treatment plant was placed near the stream bed. Two culverts were added beneath the township road to prevent flooding of the facilities or the road during high flow periods.

4332.147gallons/day =16398.91 liters/day

	Average	
BOD-5	2.808 mg/l	46048.13 mg/d= 0.046048 kg/day
TSS	1.466667 mg/l	24051.73 mg/d= 0.024052 kg/day
Ammonia Nitrogen	0.469655 mg/l	46048.13 mg/d= 0.046048 kg/day
fecal coliform	454/100ml	
pH, field	7.441379 su	
Dissolved O	6.103448 mg/l	100089.9 mg/d= 0.10009 kg/day

These are the average values calculated using the laboratory data collected in 1999. All of the regulated components are below the regulatory limits. Data from the effluent to Anderson run has been monitored regularly since its installation in 1993 with no excursions.

Please type or print in the unshaded areas only

EPA ID Number *(copy from Item 1 of Form 1)*

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88

Form 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. Receiving Waters

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
	39	58	11	80	57	41	Anderson / Captina Creek

II. Discharge Date *(If a new discharger, the date you expect to begin discharging)*

III. Type of Waste

A. Check the box(es) indicating the general type(s) of wastes discharged.

[X] Sanitary Wastes [ ] Restaurant or Cafeteria Wastes [ ] Noncontact Cooling Water [ ] Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. Effluent Characteristics

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)				10		4
Total Suspended Solids (TSS)				12		4
Fecal Coliform *(if believed present or if sanitary waste is discharged)*				1000		4
Total Residual Chlorine *(if chlorine is used)*				0.019		4.
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value		7500 GPD			3
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

. Treatment System *(Describe briefly any treatment system(s) used or to be used)*

1500 gal. trash trap followed by 6000 gal. flow equalization basin discharging into a 10,000 GPD extended aeration plant followed by a dosing chamber, sand filter, chlorination and dechlorination before discharge to Anderson Run. Sludge will be stored prior to disposal in a 1000 gal. holding tank.

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

VIII. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
Robert E. Murray, President and Chief Executive Officer	614-926-1351
C. Signature: Robert E. Murray	D. Date Signed: June 17, 1993

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Treatment System *(Describe briefly any treatment system(s) used or to be used)*

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